

Mrs Pauline Jones

# Carr Bank House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Carr Bank House is a privately owned care home for 14 adults with mental health needs. The home consists of two adjoining properties that have been adapted to form a large house. There is a small garden to the front of the home. It is located in a residential area, close to Bury town centre, and is within easy reach of public transport. There were nine people accommodated at the home on the day of the inspection.

At the last inspection of January 2016 the service did not meet all the regulations we inspected and were given requirement actions for safe recruitment and suitable activities. The service sent us an action plan to show us how they intended to meet the regulations. At this inspection we saw that improvements had been made and the regulations were met. This unannounced inspection took place on the 10 January 2017.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. However, the registered manager was on long term sick leave. The deputy manager and a consultant assisted during the inspection.

Staff we spoke with were aware of how to protect vulnerable people and had safeguarding policies and procedures to guide them, which included the contact details of the local authority to report to. Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults.

At the last inspection we found there were very few activities being provided for people who used the service. At this inspection we found there were more meaningful activities for people to enjoy if they wished. People were also able to go out in the community or help with tasks within the home.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow. Their competency was checked regularly.

The home was clean and tidy. The environment had been improved and was homely in character. We saw there was a maintenance person to repair any faulty items of equipment.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

Electrical and gas appliances were serviced regularly. Each person had a personal emergency evacuation plan (PEEP) and there was a business plan for any unforeseen emergencies.

People were given choices in the food they ate and told us it was good. People were encouraged to eat and drink to ensure they were hydrated and well fed.

Most staff had been trained in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005). People at this home had the mental capacity to make their own decisions and had agreed to their care and treatment.

New staff received induction training to provide them with the skills to care for people. Staff files and the training matrix showed staff had undertaken sufficient training to meet the needs of people and they were supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

We observed there were good interactions between staff and people who used the service. People told us staff were kind and caring.

We saw that the quality of care plans gave staff sufficient information to look after people accommodated at the care home and they were regularly reviewed. Plans of care contained people's personal preferences so they could be treated as individuals.

People were given the information on how to complain with the details of other organisations if they wished to go outside of the service.

Staff and people who used the service all told us managers were approachable and supportive. Meetings with staff gave them the opportunity to be involved in the running of the home and discuss their training needs.

The manager conducted sufficient audits to ensure the quality of the service provided was maintained or improved.

The service asked people who used the service and professionals for their views and responded to them to help improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The service used the local authority safeguarding procedures to follow a local initiative. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Checks to ensure the environment was safe had been undertaken.

### Is the service effective?

Good ●

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

People were given a nutritious diet and said the food provided at the service was good.

Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.

### Is the service caring?

Good ●

The service was caring.

People who used the service told us staff were helpful and kind.

Plans of care contained details of the wishes people had at the end of their life to ensure they received the care they wanted.

We observed there were good interactions between staff and people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns. The registered manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

Plans of care were developed with people who used the service, were individualised and kept up to date.

### Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home. People were asked for their views about the home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

# Carr Bank House

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection and was conducted by two inspectors on the 10 January 2017.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. We asked the local authority contracts and safeguarding teams for their views about the service. They did not have any concerns.

We requested and received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

During the inspection we talked with three people who used the service, the deputy manager, the cook, a business consultant and two care staff.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for five people. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

# Is the service safe?

## Our findings

People who used the service said, "I feel very safe", "I can stick up for myself so I feel safe. Nobody bothers me anyway" and "I am safe here."

From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of Bury social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and to report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Two staff members said, "I am aware of the whistle blowing policy. I would not hesitate to report any abuse issues" and "I would go to the manager or above if I saw any poor practice." There were safe systems to help protect vulnerable adults.

Two people who used the service told us, "I do as much as I can for myself but there are enough staff to help me when I need them" and "The staff help me when I need it. They sit and have a chat with me." Two staff members said, "There are enough staff here to meet people's needs and we have time to sit down and have a chat with people" and "I think that there are enough staff to meet people's needs."

Of the nine people accommodated at the home one person required assistance with personal care. The other eight people were mostly self-caring and only needed prompting to keep clean and well. On the day of the inspection there were two care staff, the deputy manager and a consultant on duty. There was one member of staff on waking watch at night. To support staff several experienced members of staff were on call for specific support such as for medicines. For the nine people currently accommodated at the home there were sufficient staff to meet their needs.

We looked at four staff files. We saw that there had been a robust recruitment procedure for three staff members. One person had not had their background or any gaps in employment fully checked although all other information had been obtained. The staff member was contacted and this was done on the day of the inspection. The other three files contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We saw that the electrical and gas installation and equipment had been serviced. There were certificates available to show that all necessary work had been undertaken, for example, gas safety, portable appliance testing (PAT), the lift, slings, hoists and the nurse call and fire alarm system. The maintenance person also checked windows had restricted openings to prevent falls and the hot water outlets were checked to ensure they were within safe temperature limits. We saw that staff entered any faults in a booklet which was signed

off when any work had been completed. On the day of the inspection one toilet that was out of commission was repaired. The maintenance of the building and equipment helped protect the health and welfare of people who used the service and staff.

Fire drills and tests were held regularly to ensure the equipment was in good working order and staff knew the procedures. Each person had a personal emergency evacuation plan (PEEP) which showed any special needs a person may have in the event of a fire. There was a fire risk assessment and business continuity plan for unforeseen emergencies such as a power failure.

We looked at three plans of care during the inspection. We saw people had risk assessments for falls, any specific condition such as diabetes, any behaviour that may challenge, going out unaccompanied in the community and what support a person may require, which included signs and symptoms of mental deterioration. Where a risk was identified the relevant professional would be contacted for advice and support, for example a dietician. We saw the risk assessments were to help keep people safe and did not restrict their lifestyles.

There was also environmental risk assessment to ensure all parts of the service were safe. This covered topics like tripping hazards, faulty or broken equipment and the outdoor space.

During the tour of the building we noted everywhere was clean and tidy and there were no malodours. There were policies and procedures for the control and prevention of infection. The training matrix showed us most staff had undertaken training in the control and prevention of infection control. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice. The deputy manager conducted infection control audits and checked the home was clean and tidy.

There was a laundry sited away from food preparation areas. There was one washer and one dryer to keep linen clean and other equipment such as an iron to keep laundry presentable. There were hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. We observed staff used the equipment when they needed to.

We saw that all rooms or cupboards that contained chemicals or cleaning agents were locked for the safety of people who used the service.

A person who used the service told us, "I get my tablets on time."

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All services who work within Bury local authority also have to follow their procedures. All staff who supported people to take their medicines had been trained to do so and had their competency checked by the registered manager to ensure they continued to safely administer medicines. The deputy manager had also undertaken the medicines management training for managers, which is a more advanced course.

We looked at five medicines records. Four of the records had no unexplained gaps or omissions. However, one record did not contain the number of tablets the pack was supposed to. We brought this to the attention of the deputy manager who said she would look into it. We saw from previous audits the deputy manager took action to ensure any errors were investigated but on the day of the inspection neither member of staff who could give an explanation was available to talk to. The deputy manager did speak to



the person who the medicines belonged to who was able to say they had not been given extra medicines. The deputy manager said she would investigate and send us the results of the findings.

One or two staff members had signed they had checked medicines into the home. Each MAR sheet had a photograph of the person to help prevent giving medicines to the wrong person. Medicines were stored in separate locked cabinets in a locked room. Any dressings were stored in people's bedrooms. The temperature of the medicines room was checked daily as was the fridge to ensure medicines were stored to manufacturer's guidelines. There were sufficient supplies of medicines. Any medicines that required returning to pharmacy were done so in a tamper proof box and staff signed to say they had witnessed the disposal.

No person who used the service were currently on controlled drugs although there was a controlled drug cupboard and register if required. There were no current service users who required topical creams or eye drops which meant we could not check if the way staff administered and recorded them was satisfactory.

The system was also audited by management on a weekly basis. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and also a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported to CQC or the local authority safeguarding team. We found that the manager kept a log of all accidents and incidents so that they could review the action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

## Is the service effective?

### Our findings

People who used the service told us, "The food is all right. You get a choice", "The food is OK. I like it. You get a choice of meal or can have something else if you want it" and "The food is quite good. When we go to Blackpool we have really good fish and chips. I like spicy foods. You can have a snack when you want. We can have pork pies and mushroom soup, things like that."

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. There was a kitchenette for people who used the service to make their own food and snacks as well as the main kitchen. The kitchen was clean and tidy and all the required paperwork, such as recording the temperature of cooked food was completed. At the last environmental health inspection the service had achieved the 5 star very good rating which meant food ordering, storage, preparation and serving of meals was safe.

Whilst we were talking with people who used the service we saw that people made their own drinks if they wished and one person set the table for the evening meal. This person also told us she liked to help in the kitchen when she could. People could take their meal in their room if they wished. Tables were attractively set and people had a choice of condiments to flavour their food.

There was a four weekly menu cycle which we saw was varied and provided a choice of nutritious food including a vegetarian option. People could choose from any of the usual breakfast foods. There was a choice of a lighter meal at lunch time and the main meal of the day, which was served in the evening. Hot or cold drinks were served with meals, at set times during the day and upon request or people could make their own.

We saw that during meetings meals and mealtimes were discussed with people who used the service to see what they liked. Food preferences were also recorded in the plans of care. Each person had a nutritional assessment and we saw that where necessary people had access to specialists such as dieticians or speech and language therapists (SALT). People's weights were recorded regularly to ensure they were not gaining or losing weight.

We saw there was a good supply of fresh, frozen, dried and canned foods. This included fresh fruit which was available in the dining room. The cook was aware of people's likes and dislikes and any allergies they may have.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw from three plans of care that people had a mental capacity assessment which was reviewed regularly. All the people who used the service had mental capacity and had signed their agreement to care and treatment in their plans of care. Each separate sheet had been signed which meant people had been involved in developing their plan of care.

People who used the service told us, "I have a nice room. I have some of my own things in it to make it my own", "My room is very nice. I keep it very tidy and staff say it is a credit to me" and "I have a nice room and have lots of my own things. They have made the home much nicer." A staff member said, "The home has improved a lot over the 12 months. It is much brighter and cleaner than it was."

We toured the building during the inspection and visited all communal areas, four bedrooms and the bathrooms. The home was clean, warm, tidy and did not contain any offensive odours. We only visited bedrooms where people gave us permission.

There had been many improvements to the environment. Both lounges had been redecorated to a good standard and had been made more homely with the addition of pictures. There was also new furniture and dried flower arrangements. One person was sat in one of the lounges when we arrived and told us about the improvements and how much better the home was. There had been new flooring in many areas and several bedrooms had been redecorated. We also noted a toilet was out of action when we arrived and was fixed during the day. There were further plans to improve the environment.

Bedrooms we visited had been personalised to people's tastes. This included people's own televisions and photographs of family members and ornaments.

People who used the service said, "I am waiting for the optician to see me." and "They [the staff] get me a doctor if I need one." From looking at three plans of care we saw that people who used the service had access to professionals, for example psychiatrists and other hospital consultants, community nurse specialists and dieticians. Each person had their own GP. This meant people's treatment was regularly followed up and any new treatment could be commenced.

We saw that new staff completed an induction. This included the homes own induction. Staff had to read key policies and procedures, go through the fire safety procedures, understand confidentiality, incident reporting, whistle blowing and the role of the care worker. New staff were then supported by an experienced member of staff. We saw that the care certificate documentation was available for new staff who had not worked in the care industry before, which is considered to be best practice. We saw that the first part of the care certificate had been completed and the deputy manager said the registered manager had the rest of the paperwork and it would be completed when she returned to work. This meant new staff were given the training and support they needed to be confident in their work.

Two staff members said, "They keep on top of our training and I think we get plenty" and "I have completed all the mandatory training." We saw from looking at the training matrix, staff files and talking to staff that training was ongoing. Training included MCA, DoLS, first aid, food safety, medicines administration, moving

and handling, infection control, health and safety, safeguarding and fire awareness. Some staff had received further training in end of life care and equality and diversity. Staff were encouraged to take a recognised course (National Vocational Qualification or Diploma) in health and social care. We saw that refresher and further training was planned for future dates. Staff were sufficiently well trained to perform their roles.

Staff we spoke with said they had an appraisal for 2016. They also told us and records we looked at confirmed that supervision had been regularly undertaken by the registered manager prior to taking sick leave. The deputy manager said that she would take over the supervision until the registered manager returned to ensure staff had the chance to discuss their careers and performance. Both the staff we spoke with said they could bring up topics or any training they wanted at meetings or in their working day, which meant they felt sufficiently well supported. One member of staff who administered medicines also told us she had a medicines competency check with the deputy manager. Staff received appropriate support and supervision.

# Is the service caring?

## Our findings

People who used the service said, "The staff are all nice. They are here to help us if we need them. I have had a nap. You can go back to your bed or your room when you want", "I talk to the staff a lot. I get on with them and they help me a lot. The activities coordinator makes me laugh and is very nice and friendly with everybody. We have a laugh with staff. The staff work very hard here and they try to make it good for us" and "The staff are nice. They are very caring. The staff help me when I need it. They sometimes sit and have a chat with me."

Both staff members said they would be happy for a member of their family to be cared for in this home. The deputy manager said, "Staff go above and beyond their duties, there are times when staff should finish in the afternoon but are still here at tea time having a cup of tea and chatting with people. Staff are warm and welcoming; they always ask visitors if they want a brew. All the carers here belong in this kind of work, they are brilliant. It's not like being at work. It's a very happy environment and I am proud of how we cater for each individual."

We observed staff during the inspection and how they interacted with people who used the service. Staff were professional, polite and had a good rapport with them. We did not see any breaches of privacy or witness anyone being treated in an undignified manner. We saw that staff also laughed, joked and joined in with people who used the service when they could.

We saw that people were encouraged to remain independent where possible. This included going out on activities on their own or helping with small tasks such as setting the table or helping to do their laundry.

Staff were trained in confidentiality and data protection issues and had access to policies and procedures to help inform them of confidentiality issues. We saw that care records were stored safely and only available to staff who needed to access them. This ensured that people's personal information was stored confidentially.

Plans of care were personalised to each person and recorded their likes and dislikes, choices, preferred routines, activities and hobbies. A section of the plans of care was called a life history which gave staff many details about a person's past life including their work history and events important to them. There was also information about what a person was capable of doing which helped them remain independent. There was also a record of a person's spiritual or religious needs. None of the current people who used the service practiced any religion at the time of the inspection.

Some staff had attended end of life care training. People's end of life wishes were recorded in the plans of care. This meant that staff should be aware of how to support people and their families if their condition deteriorated.

Although we did not see any visitors we were told visiting was unrestricted and people were also encouraged to visit their families in the community if possible.

## Is the service responsive?

### Our findings

People who used the service told us, "You can go to any of the staff or the manager if you have any concerns. They all listen to you", "I am very content here. It is a good place. I don't have any concerns but if I did I think they would listen to me" and "I would be happy to talk to one of the staff if I had a complaint."

There was a suitable complaints procedure located in the foyer. Each person also had a copy in the documentation provided on admission. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission and Bury Borough Council. There had not been any complaints since the last inspection but we saw from any incidents that had occurred that the deputy manager investigated and took any necessary action promptly.

People who used the service told us, "I go to the shops. I go to the market and have a look around. I join in the activities. I play darts and roulette", "I can go out with a member of staff but I am not really bothered. It is up to me if I go out or not. I like watching films best. I like to watch films in the lounge rather than my bedroom. I usually go there when the others have gone to bed" and "I am going to town tomorrow. I go to town shopping a lot. I have been to Bleakholt sanctuary. I stroke the dog when it comes in here. New Year went with a bang, it was good."

We spoke with the activities coordinator who said they had introduced many more activities and people were joining in more. All the activities were recorded. It was also recorded if people had not wished to join in. The activities coordinator told us he was now sitting down and talking to each individual to see what activities could be held as a group and what needed to be individual. As an example one person was learning to play a card game which he had expressed interest in.

We saw that several people who used the service went out to a supermarket, to the pub, shopping and a book makers. We also were told people enjoyed the indoor entertainments such as darts, roulette, board games and quizzes. Other activities included dog walking or petting, ten pin bowling, watching films, baking, going to a football match or the cinema and arts and crafts. One person said she liked to do quizzes and crosswords. People had asked for an occasional fish and chip supper and this had been periodically arranged. A staff member said, "We help out with activities such as cards, dominoes, roulette and darts. We get time to sit and have a chat with people every now and then." This was a big improvement on what had been offered previously and helped keep people entertained.

We looked at three plans of care during the inspection. Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person's abilities and preferences. Information was also obtained from other health and social care professionals such as the person's social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people's individual needs could be met at the home.

The plans of care showed what level of support people needed and how staff should support them. Each heading, for example physical health, mental health, behaviours that may challenge, diet and nutrition, mobility or medicines showed what need a person had and how staff needed to support them to reach the desired outcome. If a person had a specific need this was also recorded, for example for a person who had epilepsy or diabetes. The plans were reviewed regularly to keep staff up to date with people's needs. The quality of care plans was regularly audited by management. Plans of care contained sufficient information for staff to be able to meet people's care needs.

Two staff members told us, "We have a staff handover at the beginning of each shift. We discuss what has gone on, if they have had their tablets or are attending appointment and if there have been any incidents" and "We have had a handover whenever I have been on the rota". We saw there was a staff handover book which was signed by the member of staff who completed it. A handover is used to keep staff up to date with any changes to a person's care or if they were attending activities or appointments they needed staff support with.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was on long term sickness. A member of the care staff had been appointed as deputy manager and assisted with the inspection. She was supported by a business consultant.

We asked people who used the service and staff how they thought the home was managed. People who used the service said, "The manager is available to talk to", "The new manager is very nice, ever so nice" and "The manager is easy to talk to. I am happy here."

Two staff members said, "I like working here. I like the friendliness, the job of looking after people and there is a good team. I think the home will improve with the new manager. The manager is supportive. You can go the manager if you have any problems. The home has improved a lot over the last 12 months. It is much brighter and cleaner than it was" and "The support from the managers is good. I cannot complain." People who used the service and staff thought the manager was approachable and available for them to talk to.

We saw that people were able to attend regular meetings to discuss the running of the home. We saw that from meetings more activities had been arranged and food was discussed around what people wanted. People were also asked not to smoke in undesignated areas such as bedrooms.

Both staff members confirmed they attended meetings and could bring up any ideas they had. We saw topics included the last CQC report, the care of people who used the service, activities, care planning and checking people were all right at the start of every shift. This enabled staff to discuss people's care and have a say in how the home was run.

During our inspection our checks confirmed the provider was meeting our requirements to display their most recent CQC rating. A copy of the latest inspection report was also made available for people to read.

We looked at some of the policies and procedures which included safeguarding, complaints, infection control, medicines administration, health and safety, the business continuity plan, confidentiality, whistle blowing and the fire procedures. Policies and procedures were available to aid staff practice.

The manager conducted regular audits which included infection control, the quality and cleanliness of the kitchen, the fire logs, the environment, food stock checks, maintenance records, medicines and care plans. We saw that where any area needed improvement this was followed up to help maintain or improve the service.

We saw that in 2016 people had been asked for their views about the service in a survey. The results were positive with 100% being happy at the home. People were also happy with staff attitude, the food and the



quality of care. Where the views were not as positive we saw the service had taken action, for example new furniture in the lounges. People were satisfied with the care at Carr Bank House. One social worker responded and was satisfied with care, said staff were polite and hospitable, they were offered refreshments and had no comments to make in the improvement section.

We saw the deputy manager responded to accidents and incidents. There had been one recorded accident to a member of staff where first aid was administered and all the incidents had been recorded, investigated fully and action taken to minimise them. This meant management used the information to help protect the health and welfare of staff and people who used the service.